

- I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN  
AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

\$	

SIGNED \_\_\_\_\_

OFFICIAL TITLE DATE

Telephone 502-875-8504

**Fax 502-875-8502**

**Please make copy for your records**

NAME \_\_\_\_\_

&

ADDRESS

OF

EMPLOYER

**Make Check Payable to:**  
**DIRECTOR OF FINANCE**

**Mail To: LICENSE FEE DIVISION  
MUNICIPAL BUILDING  
P.O. BOX 697  
FRANKFORT, KY 40602**

ACCOUNT NO.	FOR QUARTER ENDING	DUE ON / OR BEFORE

## TOTAL FRANKFORT LICENSE FEE WITHHELD

QUARTER ENDED MAR. 31

QUARTER ENDED JUNE 30

QUARTER ENDED SEPT 30 \_\_\_\_\_

QUARTER ENDED DEC 31

TOTAL REMITTED FOR YEAR \_\_\_\_\_

RECONCILIATION OF FRANKFORT LICENSE FEE WITHHELD FOR CALENDAR YEAR REQUIRED

(IF YOU HAVE LESS THAN 10 EMPLOYEES USE THE SPACE PROVIDED BELOW OR FURNISH COPIES OF EMPLOYEE'S W-2, LARGER CONCERNS MAY FILE OWN LISTING (SAME FORMAT BELOW) OR FURNISH W-2 COPIES.

SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	GROSS WAGES	TAXABLE WAGES	OCCUPATIONAL LICENSE WITHHELD
IF REPORT IS COMPLETE ON THIS PAGE TOTAL HERE				

PREPARED BY \_\_\_\_\_

ATTACH CONTINUATION SHEET(S) IF NECESSARY